



IMMEDIATE POINT OF SERVICE REQUEST- STATE EMPLOYEE GROUP INSURANCE PROGRAM – SEGIP

Complete all information and send to SEGIP via fax at
651-296-5445 or scan and email to segip.mmb@state.mn.us

This form is used to notify SEGIP of a change of address in order to determine eligibility for the Point of Service Benefit as stated in the SEGIP Summary Plan Description. Point of Service benefit is available to most group members whose permanent*residence is outside the State of Minnesota and the service area of the Minnesota Advantage Health Plan.

www.mn.gov/mmb/segip/index.jsp

Submit the form timely as the effective date of the address change is the date the form is received by SEGIP. Retroactive changes are not allowed. Once you have submitted the form to SEGIP, you will need to follow up with your medical plan to request the Point of Service Benefit and for information directing you to the Point of Service network. Contact information is on the back of this form. Allow one week for processing.

Employee/subscriber state employee id. number	
Employee/subscriber last name:	
Employee/subscriber first name:	
Date:	
Contact phone or email address:	
Employee/subscriber ssn:	
Does the address change apply to all enrolled family members?	Yes No – If no, please complete information for spouse/dependent including Name, Date of Birth and Address
Is this a permanent address?	Yes No
Spouse/dependent name:	
Spouse/dependent DOB:	
New Spouse/dependent address:	
FOR SEGIP USE ONLY	
Date SEGIP notified:	SEGIP State Program Administrator
Date sent to plan administrator	

***If you have questions regarding qualifying for the Point of Service benefit or need assistance completing the form, contact SEGIP staff at 651-355-0100**

SEGIP MN Advantage Plan Administrator Phone Numbers

Blue Cross Blue Shield of Minnesota

Member Services - 651-662-5090
800-262-0819
TTY 888-878-0137

HealthPartners

Member Services - 952-883-7900
888-343-4404
TTY 952-883-5127

Preferred One

Member services - 763-847-4477
800-997-1750
TTY 763-847-4013